

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

CareFirst BlueCross BlueShield Associates' Federal PAC

ADDRESS (number and street)

10455 Mill Run Circle

☐Check if different  
than previously  
reported. (ACC)

Owings Mill

MD

21117

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00286922

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jeanne Kennedy

Signature of Treasurer

Electronically Filed by Jeanne Kennedy

Date

01

25

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 25

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		27702.28
(b) Cash on Hand at Beginning of Reporting Period .....	18397.20	
(c) Total Receipts (from Line 19) .....	11004.92	18567.84
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	29402.12	46270.12
7. Total Disbursements (from Line 31) .....	18626.96	35494.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	10775.16	10775.16
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 25

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	5544.00	6728.00
(ii) Unitemized .....	3833.96	10212.88
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9377.96	16940.88
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	9377.96	16940.88
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	626.96	626.96
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	11004.92	18567.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11004.92	18567.84

## DETAILED SUMMARY PAGE

of Disbursements

4 / 25

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	10.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	10.00	
22. Transfers to Affiliated/Other Party Committees.....	5000.00	5000.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	22600.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	8.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	8.00	
29. Other Disbursements.....	4626.96	7876.96	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18626.96	35494.96	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18626.96	35494.96	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 25

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	9377.96	16940.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	8.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9377.96	16932.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	10.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	10.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

CareFirst BlueCross CareFirst BlueCross BlueS

Mailing Address 10455 Mill Run Circle

City

Owings Mills

State

MD

Zip Code

21117-4208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst BlueCross BlueS-  
hield

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

626.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	9	

Transaction ID: 32108037

Amount of Each Receipt this Period

626.96

Payroll deposit made in  
error - correction made  
September 8, 2009

SUBTOTAL of Receipts This Page (optional) .....

626.96

TOTAL This Period (last page this line number only) .....

626.96

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 South Street, SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	9	

Transaction ID: 32689337

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Gregory A Devou

Mailing Address 3132 River Valley Chase

City

West Friendship

State

MD

Zip Code

21794

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

EVP & CHIEF MARKETING OFFR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262109718589

Amount of Each Receipt this Period

208.00

P/R Deduction (\$16.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Michael J Felber

Mailing Address 14 Lochmoor Court

City

Timonium

State

MD

Zip Code

21093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

SVP, SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262109818589

Amount of Each Receipt this Period

182.00

P/R Deduction (\$14.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

David D Wolf

Mailing Address 2337-1 Boston St

City

Baltimore

State

MD

Zip Code

21224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

EVP, MEDICAL SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262110118589

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

John A Picciotto

Mailing Address 704 Sussex Road

City

Towson

State

MD

Zip Code

21286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

EVP & GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262110218589

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Rita A Costello

Mailing Address 1911 Corbridge Lane

City

Monkton

State

MD

Zip Code

21111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

SVP, STRATEGIC MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262117318589

Amount of Each Receipt this Period

156.00

P/R Deduction (\$12.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Aliza Rothenberg

Mailing Address 3413 Deep Willow Avenue

City

Baltimore

State

MD

Zip Code

21208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

AVP, MARKET PLNG & ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262119118589

Amount of Each Receipt this Period

130.00

P/R Deduction (\$0.00 )

**SUBTOTAL** of Receipts This Page (optional) .....

546.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Wanda K Oneferu-bey

Mailing Address 1319 Robin Road

City

Pikesville

State

MD

Zip Code

21208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

AVP, INDIV SALES, TRNG, DVLPMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262121118589

Amount of Each Receipt this Period

260.00

P/R Deduction (\$16.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Jeanne A Kennedy

Mailing Address 4915 Bramhope Lane

City

Ellicott City

State

MD

Zip Code

21043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

VP, TREASURY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262149018589

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

R L Wroth

Mailing Address Box 490

City

St Michaels

State

MD

Zip Code

21663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

DIRECTOR, MEDICAL II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262153518589

Amount of Each Receipt this Period

104.00

P/R Deduction (\$0.00 )

**SUBTOTAL** of Receipts This Page (optional) .....

468.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Steven J Sanders

Mailing Address 8495 Kings Meade Way

City State Zip Code  
 Columbia MD 21046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CareFirst of Maryland, Inc

Occupation  
MEMBER, SR TECHNICAL STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262155618589

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

William V Stack

Mailing Address 9 Farm Ridge Court

City State Zip Code  
 Baldwin MD 21013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CareFirst of Maryland, Inc

Occupation  
VP, CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262156118589

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Sandra A Dilworth

Mailing Address 3 Tottenham Court

City State Zip Code  
 Baltimore MD 21234

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CareFirst of Maryland, Inc

Occupation  
DIRECTOR, NETWORK & DESKTOP SE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262162718589

Amount of Each Receipt this Period

130.00

P/R Deduction (\$4.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

364.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Michele K Wise

Mailing Address 3612 Granite Road

City

Woodstock

State

MD

Zip Code

21163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

DIRECTOR, OPERATIONS I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262164618589

Amount of Each Receipt this Period

104.00

P/R Deduction (\$0.00 )

**B.**

Full Name (Last, First, Middle Initial)

William W Showman

Mailing Address 2122 Country Fair Lane

City

Sykesville

State

MD

Zip Code

21784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

DIRECTOR, ACCOUNTING OPERATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262170818589

Amount of Each Receipt this Period

104.00

P/R Deduction (\$0.00 )

**C.**

Full Name (Last, First, Middle Initial)

Livio R Broccolino

Mailing Address 713 East Seminary Ave

City

Towson

State

MD

Zip Code

21286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

VP & DEPUTY GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262208118589

Amount of Each Receipt this Period

130.00

P/R Deduction (\$8.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

338.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Sharon J Vecchioni

Mailing Address 13003 Jerome Jay Drive

City

Hunt Valley

State

MD

Zip Code

21030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

EVP, CHIEF OF STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262209918589

Amount of Each Receipt this Period

208.00

P/R Deduction (\$16.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Gregory M Chaney

Mailing Address 16 Fox Creek Court

City

Owings Mills

State

MD

Zip Code

21117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

EVP, CFO & TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262210218589

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Michelle J Wright

Mailing Address 511 Forest Lane

City

Baltimore

State

MD

Zip Code

21228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

AVP, STAFF SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262215518589

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

572.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Daniel J Winn

Mailing Address 468 Five Farms Lane

City

Timonium

State

MD

Zip Code

21093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

AVP & MEDICAL DIRECTOR III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262230718589

Amount of Each Receipt this Period

130.00

P/R Deduction (\$0.00 )

**B.**

Full Name (Last, First, Middle Initial)

William F Casey

Mailing Address 1678 Campbell Road

City

Forest Hill

State

MD

Zip Code

21050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

COUNSEL, ASSISTANT GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262241518589

Amount of Each Receipt this Period

104.00

P/R Deduction (\$0.00 )

**C.**

Full Name (Last, First, Middle Initial)

Wanda H Moore

Mailing Address 5209 Janesdale Court

City

Glendale

State

MD

Zip Code

20769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

DIRECTOR, CORPORATE TAXATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262249718589

Amount of Each Receipt this Period

130.00

P/R Deduction (\$0.00 )

**SUBTOTAL** of Receipts This Page (optional) .....

364.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Jeffery W Valentine

Mailing Address 224 Tyrone Circle

City

Baltimore

State

MD

Zip Code

21212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

AVP, CORP COMM & REP MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262275218589

Amount of Each Receipt this Period

104.00

P/R Deduction (\$4.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Winston Wong

Mailing Address 1998 Conan Doyle Way

City

Eldersburg

State

MD

Zip Code

21784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

AVP, PHARMACY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262303718589

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Michael B Edwards

Mailing Address 14236 Bradshaw Drive

City

Silver Spring

State

MD

Zip Code

20905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Group Hosp & Med Svcs,  
Inc

Occupation

SVP, NETWORKS MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262403018589

Amount of Each Receipt this Period

182.00

P/R Deduction (\$10.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

416.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Susan E Homar

Mailing Address 10821 Greene Dr.

City

Mason Neck

State

VA

Zip Code

22079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Group Hosp & Med Svcs,  
Inc

Occupation

VP, CAREFIRST INS. AGENCY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262428218589

Amount of Each Receipt this Period

104.00

P/R Deduction (\$0.00 )

**B.**

Full Name (Last, First, Middle Initial)

Jimmy W Riggs

Mailing Address 1122 Bay Ridge Road

City

Annapolis

State

MD

Zip Code

21403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Group Hosp & Med Svcs,  
Inc

Occupation

AUDITOR, ASSISTANT GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262434118589

Amount of Each Receipt this Period

104.00

P/R Deduction (\$4.00 Week-ly)

**C.**

Full Name (Last, First, Middle Initial)

Robert M Thomas

Mailing Address 1740 T St.  
Apt. #3

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Group Hosp & Med Svcs,  
Inc

Occupation

DIRECTOR, MEDICAL II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1262452018589

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Week-ly)

**SUBTOTAL** of Receipts This Page (optional) .....

312.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Gwendolyn D Skillern

Mailing Address 9925 Middle Mill Dr.

City

Owings Mills

State

MD

Zip Code

21117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, IncOccupation  
SVP, AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR1262714618589

Amount of Each Receipt this Period

182.00

P/R Deduction (\$12.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Stacey R Breidenstein

Mailing Address 1717 Boggs Rd

City

Forest Hill

State

MD

Zip Code

21050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, IncOccupation  
AVP, PROV CONTRACTING&INST REL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR1262762618589

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Andrea B Cherenzia

Mailing Address 2075 Harvest Farm Road

City

Eldersburg

State

MD

Zip Code

21784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, IncOccupation  
DIR, SPECIAL INVESTIGATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: PR1262836718589

Amount of Each Receipt this Period

104.00

P/R Deduction (\$0.00 )

SUBTOTAL of Receipts This Page (optional) .....

390.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Darlene L Lawrence

Mailing Address 8152 Bell Tower Crossing

City

Pasadena

State

MD

Zip Code

21122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Group Hosp & Med Svcs,  
Inc

Occupation

AVP, PROF REL&PERF BASED PGMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1263207518589

Amount of Each Receipt this Period

130.00

P/R Deduction (\$0.00 )

**B.**

Full Name (Last, First, Middle Initial)

Dennis A Cupido

Mailing Address 281 Hancock Avenue

City

Bridgewater

State

NJ

Zip Code

08807-2656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CareFirst of Maryland, Inc

Occupation

VP, OPERATIONS SUPPORT SERV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1263250518589

Amount of Each Receipt this Period

156.00

P/R Deduction (\$10.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Maria H. Tildon

Mailing Address 5616 Cross Country Blvd

City

Baltimore

State

MD

Zip Code

21209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1538197918589

Amount of Each Receipt this Period

130.00

P/R Deduction (\$0.00 )

**SUBTOTAL** of Receipts This Page (optional) .....

416.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Andrew Sullivan

Mailing Address 720 Bristol Rd

City

Wilmington

State

DE

Zip Code

19803-2224

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CareFirst of Maryland, In-  
c.

Occupation

SVP ASU - CONSUMER DIRECT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1702348718589

Amount of Each Receipt this Period

208.00

P/R Deduction (\$0.00 )

**B.**

Full Name (Last, First, Middle Initial)

David Grosso

Mailing Address 3619 15th Street, NE

City

Washington

State

DC

Zip Code

20017-3006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carefirst, Inc.

Occupation

Vice President, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1702348818589

Amount of Each Receipt this Period

260.00

P/R Deduction (\$0.00 )

**C.**

Full Name (Last, First, Middle Initial)

Mr. Chester Burrell

Mailing Address 3023 O Street

City

Washington

State

DC

Zip Code

20007-3108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CareFirst, Inc.

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1727227318589

Amount of Each Receipt this Period

240.00

P/R Deduction (\$0.00 )

**SUBTOTAL** of Receipts This Page (optional) .....

708.00

**TOTAL** This Period (last page this line number only) .....

5544.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Webb For Senate

Mailing Address 426 C Street, NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. James Webb

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2012

☒ Primary

☐ General

☐ Other (specify) ▼

State: VA

District:

Transaction ID: 31210222

Date of Disbursement

08 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Donna Edwards For Congress

Mailing Address P.O. Box 441153

City  
Fort Washington

State  
MD

Zip Code  
20749

Purpose of Disbursement

Void - Donna Edwards For Congress

011

Category/  
Type

Candidate Name

Rep. Donna Edwards

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State: MD

District: 04

Transaction ID: 31515524

Date of Disbursement

09 / 14 / 2009

Amount of Each Disbursement this Period

-500.00

Void - Donna Edwards For Congress

**C.**

Full Name (Last, First, Middle Initial)

Mikulski for Senate

Mailing Address 10 G Street NE Suite 470

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Barbara Mikulski

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: MD

District:

Transaction ID: 31516941

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 South Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 31725457

Date of Disbursement

09 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
AmeriPAC

Mailing Address 499 S. Capitol St., SW

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 31776108

Date of Disbursement

10 / 07 / 2009

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
AmeriPAC

Mailing Address 499 S. Capitol St., SW

City Washington State DC Zip Code 20003

Purpose of Disbursement

Void - AmeriPAC

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 32096777

Date of Disbursement

10 / 28 / 2009

Amount of Each Disbursement this Period

-5000.00

Void - AmeriPAC

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Cummings for Congress

Mailing Address 2901 Druid Park Drive

City Baltimore State MD Zip Code 21215

Purpose of Disbursement

Candidate Name  
Elijah Cummings

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MD District: 07

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 32300816

Date of Disbursement

11 / 17 / 2009

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Forward Together PAC

Mailing Address 201 North Union St.  
Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 32478992

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

4000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

9000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 25

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

BluePAC

Mailing Address 1310 G Street NW

City Washington, State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 32092704

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

CareFirst BlueCross CareFirst BlueCross BlueS

Mailing Address 10455 Mill Run Circle

City	State	Zip Code
Owings Mills	MD	21117-4208

Purpose of Disbursement	<input type="checkbox"/> 001 Category/ Type
Payroll deposit made in error 7/24/09 - correction made 9/8/09	

Candidate Name

Office Sought:	Disbursement For:
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: District:

Transaction ID: 32108043

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Amount of Each Disbursement this Period

626.96

Payroll deposit made in  
error 7/24/09 - correction  
made 9/8/09**B.**

Full Name (Last, First, Middle Initial)

Mendelson for Council 2010

Mailing Address c/o Brett Greene  
1330 Geranium St, NW

City	State	Zip Code
Washington	DC	20012

Purpose of Disbursement	<input type="checkbox"/> 011 Category/ Type
Phil Mendelson, COUNCIL @ LARGE DC	

Candidate Name  
Phil Mendelson

Office Sought:	Disbursement For:
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: District:

Transaction ID: 32300814

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	0	9

Amount of Each Disbursement this Period

500.00

Phil Mendelson, COUNCIL  
@ LARGE DC**C.**

Full Name (Last, First, Middle Initial)

Fenty 2010

Mailing Address P.O. Box 12110

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement	<input type="checkbox"/> 011 Category/ Type
Adrian Fenty, MAYOR DC	

Candidate Name  
Mr Adrian Fenty

Office Sought:	Disbursement For:
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: District:

Transaction ID: 32478990

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Adrian Fenty, MAYOR DC

SUBTOTAL of Disbursements This Page (optional) .....

2126.96

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

DC Vote

Mailing Address 2000 P Street, NW

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement

Contribution to a 501 (c)(3) educational and advocacy organization

Candidate Name

012

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 32485492

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution to a 501 (c)-  
(3) educational and advoc-  
acy organization

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

4626.96